

AO 435 (Rev. 04/11)		Administrative Office of the United States Courts		FOR COURT USE ONLY	
TRANSCRIPT ORDER				DUE DATE:	
<i>Please Read Instructions:</i>					
1. NAME Attorney James F. Companion		2. PHONE NUMBER (304) 233-3390		3. DATE 11/12/2015	
4. MAILING ADDRESS The Maxwell Centre; 32-20th St., Suite 500		5. CITY Wheeling		6. STATE WV	7. ZIP CODE 26003
8. CASE NUMBER 1:15CV93	9. JUDGE Irene M. Keeley	DATES OF PROCEEDINGS			
		10. FROM 10/19/2015		11. TO 10/19/2015	
12. CASE NAME Takeda v Mylan		LOCATION OF PROCEEDINGS			
		13. CITY Clarksburg		14. STATE WV	
15. ORDER FOR					
<input type="checkbox"/> APPEAL		<input type="checkbox"/> CRIMINAL		<input type="checkbox"/> CRIMINAL JUSTICE ACT	
<input checked="" type="checkbox"/> NON-APPEAL		<input checked="" type="checkbox"/> CIVIL		<input type="checkbox"/> BANKRUPTCY	
		<input type="checkbox"/> IN FORMA PAUPERIS		<input type="checkbox"/> OTHER	
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)					
PORTIONS		DATE(S)		PORTION(S)	
<input type="checkbox"/> VOIR DIRE				<input type="checkbox"/> TESTIMONY (Specify Witness)	
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)					
<input type="checkbox"/> OPENING STATEMENT (Defendant)					
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input type="checkbox"/> PRE-TRIAL PROCEEDING (Specy)	
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)					
<input type="checkbox"/> OPINION OF COURT					
<input type="checkbox"/> JURY INSTRUCTIONS				<input checked="" type="checkbox"/> OTHER (Specify)	
<input type="checkbox"/> SENTENCING				Scheduling Conf Hearing	
<input type="checkbox"/> BAIL HEARING				10/19/2015	
17. ORDER					
CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	COSTS
ORDINARY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
EXPEDITED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES	30	145.50
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HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>			
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).				ESTIMATE TOTAL	145.50
18. SIGNATURE /s/James F. Companion			PROCESSED BY		
19. DATE 11/12/2015			PHONE NUMBER (304) 282-0395		
TRANSCRIPT TO BE PREPARED BY Linda Bachman P.O. Box 969, Clarksburg, WV 26302			COURT ADDRESS P.O. Box 969 Clarksburg, WV 26302-0969		
ORDER RECEIVED	DATE 11/12/2015	BY LB			
DEPOSIT PAID			DEPOSIT PAID		
TRANSCRIPT ORDERED	11/12/2015	LB	TOTAL CHARGES		145.50
TRANSCRIPT RECEIVED	11/16/2015		LESS DEPOSIT		
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT			TOTAL REFUNDED		
PARTY RECEIVED TRANSCRIPT	11/16/2015		TOTAL DUE		145.50

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